## **Career Services Program Warrant Inquires Form**

Name: (Last, First, MI)	JAS#	SKIES Seeker ID #
Counselor's Name	Phone number	Office:
Has address been recently updated in SKI		No □. SKIES.
Type of	f payment Inquir	у
(NOTE* Before sending in your request you must verify that the correct service was recorded in SKIES and that notes are entered.)		
Basic Needs Payment	Provide pa	yment month
Enrollment payment	Provide en	rollment date
4 <sup>th</sup> Month Bonus	Provide sei	vice date
6 <sup>th</sup> Month Bonus	Provide sei	vice date
	Official Use Only	
Warrant was redeemed on .	,	
──  Warrant was returned on and was redirected on .		
☐Warrant was returned on . Veri and note in SKIES.	fication of mailing addr	ess is needed. Update address
Warrant # was not returned or In the amount of \$ .	redeemed. The warran	t was issued on .
For an affidavit of loss form please email	l Helen Sergeant @ hs	ergeant@esd.wa.gov_or.call

her @ (360) 902-9353. (Note: An affidavit of loss cannot be requested until 10 days after mail date.)